

Connecticut Office of Early Childhood
Division of Licensing

Education Consultant Application

INSTRUCTIONS: THIS APPLICATION MUST BE COMPLETED, DATED AND SIGNED. A RESUME MAY BE ATTACHED ALONG WITH A COPY OF YOUR COLLEGE TRANSCRIPTS OR DEGREE. PROGRAM STAFF MAY NOT SERVE AS CONSULTANTS FOR PROGRAMS IN WHICH THEY PROVIDE DIRECT CARE OR DIRECT PROGRAM SUPERVISION.

DO NOT WRITE IN THIS BOX – STATE AGENCY USE ONLY

Return to:

Office of Early Childhood
410 Capitol Avenue MS#12 CBR
P.O Box 340308
Hartford, CT 06314-0308

CRITERIA FOR APPROVAL:

- ☐ Degree in ECE/CD
☐ Degree in related field (12 Credits)
☐ Director of Center (2 years)
☐ Prior Approval

- ☐ Center
☐ School Age
☐ Approved
☐ Not Approved

OEC Staff: _____

Date: _____

☐ Licensure/Complaint/Enforcement databases checked on _____ (date)

DEFINITION: Public Health Code 19a-79-1a(23):

(23) Early childhood education consultant means an individual who is a credentialed early childhood specialist with an Associate, Bachelors, Masters or Doctoral degree in early childhood education, child development or human development or a four (4) year degree in a related field with at least twelve (12) credits in child development or early childhood education from an accredited college or university, who has two (2) or more years experience administering a licensed child day care center that meets standards comparable to those in Connecticut.

Public Health Code 19a-79-11(g) for School Age Program

(g) The early childhood education consultant used in the program shall have training and experience in child development, recreation, leisure activities, group social work or elementary education.

SECTION A. EARLY CHILDHOOD/SCHOOL AGE EDUCATION CONSULTANT

Name _____
Address _____
City/Town _____ State _____ Zip Code _____
Date of Birth: _____ Social Security #: _____ Home # (____) _____

SECTION B. APPLYING AS CONSULTANT TO THE FOLLOWING PROGRAM

Program _____ License Number _____
Address _____ Telephone (____) _____
City/Town _____, CT Zip Code _____ Licensed Capacity _____
Ages Served ☐ Center ☐ School Age
Director or Head Teacher _____

SECTION C Training (check appropriate box)

College Degree in Early Childhood,
Child Development or Human Development:

- ☐ Associates
☐ Bachelors
☐ Masters
☐ Doctorate

Accredited College or University:

Name _____

Town _____

State _____

*Please note if name has changed.

☐ Degree in a related field with at least 12 credits in child development or early childhood education
(fill in college information above.) Related Field _____

☐ Transcripts on college letterhead must be attached.

☐ Previous Approval as Early childhood education consultant before January 1994

SECTION D Experience as Director/Administrator

Center _____

Address _____

City/Town _____ State _____ Zip Code _____

Ages of Children Served: ☐ Center ☐ School Age

Years Served _____

State your job title in the program and describe your responsibilities:

Title: _____ Responsibilities: _____

Name of the person who could verify your work experience:

Name _____

Address _____

City/Town _____ State _____ Zip Code _____

Telephone (_____) _____ Role _____

SECTION E

List other programs where you are an Office of Early Childhood approved Early Childhood Education Consultant:

Name of Program _____ Name of Program _____

Address _____ Address _____

City/Town _____ City/Town _____

State _____ Zip Code _____ State _____ Zip Code _____

Telephone (_____) _____ Telephone (_____) _____

License Number _____ License Number _____

SECTION F

Check One Box:

☐ Currently Employed

☐ Not Currently Employed

Employer _____

Position _____

Address _____

City/Town _____ State _____ Zip Code _____

Telephone (Work) _____ (Home) _____

Applicant's Signature _____ Date _____